

Missouri Division of Medical Services

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Special Bulletin

IMPORTANT INFORMATION
REGARDING THIS BULLETIN

HOT AND COLD PACKS

IMMUNIZATION SCHEDULE

Provider Communications

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Due to budget constraints no paper copies of this bulletin will be printed or mailed. This bulletin is only available on the Internet at the DMS website, www.dss.state.mo.us/dms. This bulletin will be posted at this location and will remain until it is incorporated into the provider manuals as appropriate. At that time, the bulletin will be deleted from this site.

MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ Fee for Services and Medicaid Fee for Service programs. The MC+ Fee for Service and Medicaid Fee for Service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HOT AND COLD PACKS

Effective July 1, 2003, Missouri Medicaid will no longer

reimburse for the application of a modality to one or more areas; hot or cold packs, Current Procedural Terminology (CPT) code 97010. It has been determined that hot and cold packs are easily self-administered, and commonly used in patient's home. Therefore, Missouri Medicaid will bundle payment for the application of hot and cold packs into the payment for all other services including, but not limited to, office visits and physical therapy. The patient cannot be billed separately for this service.

IMMUNIZATION SCHEDULE

The attached schedule ([attachment A](#)) indicates new recommendations for childhood immunizations. The Recommended Childhood Immunization Schedule was developed by the Advisory Committee on Immunization Practices (ACIP). State Medicaid agencies are required by Section 1905 (r) (1) of the Social Security Act to provide appropriate immunizations under the Early Periodic Screening Diagnosis and Treatment (EPSDT) program, also known as the Healthy Children and Youth (HCY) Program, according to the ACIP schedule. This schedule is reviewed annually by the ACIP, the American Academy of Pediatrics

(AAP), and the American Academy of Family Physicians (AAFP).

Noted changes in the immunization schedule have been underlined below and will replace the bracketed information. Please refer to attachment A for additional information.

Hepatitis B - "Four doses of vaccine may be administered when a birth dose is given" replaces [four doses of vaccine may be administered if combination vaccine is used.] The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks" replaces [The second dose should be given at least 4 weeks after the first dose, except for Hib-containing vaccine which cannot be administered before age 6 weeks].

Infants born to HbsAg-positive mothers - "The last dose in the vaccination series should not be administered before age 6 months. These infants should be tested for HbsAg and anti-HBs at 9/15 months of age" replaces [The vaccination series should be completed (third or fourth dose) at age 6 months].

Infants born to mothers whose HbsAg status is unknown - "Maternal blood should be drawn as soon as possible to determine the mother's HbsAg status" replaces [Maternal blood

should be drawn at the time of delivery to determine the mother's HbsAg status]. The following sentence has also been added, "The second dose in the vaccination series should not be administered before age 6 months".

Hepatitis A vaccine - added "recommended for children and adolescents". The following sentences have also been added "Children and adolescents in these states, regions, and high risk groups who have not been immunized against hepatitis A can begin hepatitis A vaccination series during any visit. The two doses in the series should be administered at least 6 months apart. See MMWR 1999;48(RR-12);1-37"

NOTE: ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, MISSOURI IS AN AT-RISK STATE FOR HEPATITIS A DISEASE. BECAUSE OF THE INCIDENCE OF DISEASE, THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) RECOMMENDS THAT ALL MISSOURI VFC-ELIGIBLE CHILDREN RECEIVE HEPATITIS A VACCINE. THIS IS ALSO INCLUDED AS PART OF THE HCY/EPSTD SCREENING. SECTION IV STATES TO FOLLOW THE ACIP RECOMMENDED

IMMUNIZATION GUIDELINES.

Influenza vaccine - changed reference MMWR2002;51(RR-3);[1-37] to "1-35". The following sentence has also been added. "In addition, healthy children age 6-23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalizations".

Appropriate immunizations must be provided during a full HCY screening unless medically contraindicated or refused by the parent or guardian of the patient. The provider may bill for a full HCY screen if all other screening components are performed and it is documented in the medical record that the appropriate immunizations were not provided due to medically contraindicated or refusal by parent or guardian.

If immunizations are given by someone other than the billing provider it must be documented in the medical record that follow-up was completed or clearly documented that the immunizations were given.

If vaccine is not available due to shortage it must be documented in child's medical record as, "vaccine not available" as the vaccine becomes available follow-up must be completed to ensure those children are immunized.